

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 7/15/2022 12:33 PM	
INCIDENT NUMBER <b>2022-081943</b>		UNIT ASSIGNED	CALL DATE <b>07/11/2022</b>	CALL TIME <b>17:51:00</b>	TYPE OF CALL <b>DIS</b>
INCIDENT DATE <b>7/11/2022 5:51:01 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>2002 S FILLMORE ST</b>			DISTRICT <b>54</b>

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. TERRORISTIC THREATENING 1ST DEGREE	5.	Attempted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. RESISTING ARREST - REFUSAL TO SUBMIT TO ARREST	6.	Completed	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
3. USE OF FORCE	7.	Attempted	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
4.	8.	Completed	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
SUSPECTS USED:	TYPE OF CRIMINAL ACTIVITY:		GANG RELATED INFO:
<input type="checkbox"/> (A) Alcohol	<input type="checkbox"/> (D) Drugs	<input type="checkbox"/> (B) Buying / Receiving	<input type="checkbox"/> (J) Juvenile Gang
<input type="checkbox"/> (C) Computer Equip	<input checked="" type="checkbox"/> (N) Not Applicable / Unknown	<input type="checkbox"/> (E) Exploiting Children	<input type="checkbox"/> (G) Other Gang
		<input type="checkbox"/> (C) Cultivate / Manufacture / Publish	<input checked="" type="checkbox"/> (N) None / Unknown
		<input type="checkbox"/> (O) Operating / Promoting / Assisting	
		<input type="checkbox"/> (T) Transport / Transmit / Import	
		<input type="checkbox"/> (U) Using / Consuming	
		<input type="checkbox"/> (D) Distributing / Selling	
		<input type="checkbox"/> (P) Possessing / Concealing	
LOCATION CODE:	<input type="checkbox"/> (16) Lake / Waterway	<input type="checkbox"/> (44) Daycare Facility	<input type="checkbox"/> (51) Rest Area
<input type="checkbox"/> (01) Air / Bus / Train Terminal	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (45) Dock / Wharf / Freight Terminal	<input type="checkbox"/> (52) School - College / University
<input type="checkbox"/> (02) Bank / Savings & Loan	<input type="checkbox"/> (18) Parking Lot / Garage	<input type="checkbox"/> (46) Farm Facility	<input type="checkbox"/> (53) School - Elementary / Secondary
<input type="checkbox"/> (03) Bar / Night Club	<input type="checkbox"/> (19) Rental / Storage Facility	<input type="checkbox"/> (47) Gambling / Casino / Racetrack	<input type="checkbox"/> (54) Shelter - Mission / Homeless
<input type="checkbox"/> (04) Church / Synagogue / Temple	<input checked="" type="checkbox"/> (20) Residence / House	<input type="checkbox"/> (48) Industrial Site	<input type="checkbox"/> (55) Shopping Mall
<input type="checkbox"/> (05) Commercial / Office Building	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (49) Military Installation	<input type="checkbox"/> (56) Tribal Lands
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (22) School / College	<input type="checkbox"/> (50) Park / Playground	<input type="checkbox"/> (57) Community Center
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (23) Service / Gas Station		
<input type="checkbox"/> (08) Department / Discount Store	<input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)		
<input type="checkbox"/> (09) Drug Store / DR Office / Hospital	<input type="checkbox"/> (25) Other / Unknown		
<input type="checkbox"/> (10) Field / Woods	<input type="checkbox"/> (37) Abandoned/Condemned Structure		
<input type="checkbox"/> (11) Government / Public Building	<input type="checkbox"/> (38) Amusement Park		
<input type="checkbox"/> (12) Grocery / Supermarket	<input type="checkbox"/> (39) Arena / Stadium / Fairgrounds		
<input type="checkbox"/> (13) Highway / Road / Alley	<input type="checkbox"/> (40) ATM Separate from Bank		
<input type="checkbox"/> (14) Hotel / Motel / Etc	<input type="checkbox"/> (41) Auto Dealership New / Used		
<input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (42) Camp / Campground		
(FOR BURGLARY ONLY)	METHOD OF ENTRY:	WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)	
NUMBER OF PREMISES ENTERED _____	<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	<input type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison
		<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives
		<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device
		<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills
		<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation
		<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input checked="" type="checkbox"/> (90) Other
		<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown
		<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None
		<input type="checkbox"/> (40) Personal Weapons (hands, etc)	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE <b>07/11/2022 20:09:04</b>	REPORTING OFFICER <b>RASHAUD WILLIAMS</b>	ORIGINAL APPROVING SUPERVISOR <b>CHAD STANGE</b>	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

VICTIM

VICTIM # 1 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR

HOME PHONE: 5019064913 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 13 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

**VICTIM**

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS [REDACTED]
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ADDRESS:  
2002 S FILLMORE ST LITTLE ROCK AR

HOME PHONE: 5019064913	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH [REDACTED]
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: 14 Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)
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- |                        |    |                           |
|------------------------|----|---------------------------|
| (SE) Spouse            | 11 | (AQ) Acquaintance         |
| (CS) Common-Law Spouse |    | (FR) Friend               |
| (PA) Parent            |    | (NE) Neighbor             |
| (SB) Sibling           |    | (BE) Babysitter (baby)    |
| (CH) Child             |    | (BG) Boy/Girl Friend      |
| (GP) Grandparents      |    | (CF) Child of BF / GF     |
| (GC) Grandchild        |    | (HR) Homosexual Rel.      |
| (IL) Inlaw             |    | (XS) Ex-Spouse            |
| (SP) Stepparent        |    | (EE) Employee             |
| (SC) Stepchild         |    | (ER) Employer             |
| (SS) Stepsibling       |    | (OK) Otherwise Known      |
| (OF) Other Family      |    | (RU) Relationship Unknown |
| (ST) Stranger          |    | (VO) Victim Was Suspect   |

THIS VICTIM RELATED TO WHICH OFFENSES?  
 1  2  3  4  5  6  7  8

VICTIM TYPE:  (I) Individual  (B) Business  (F) Financial Inst.  (U) Unknown  
 (G) Government  (R) Religious  (S) Society / Public  (O) Other

VICTIM INJURY:  
 (N) None  (M) Apparent Minor Injury  (B) Apparent Broken Bones  
 (I) Possible Internal Injury  (T) Loss of Teeth  (L) Severe Laceration  
 (O) Other Major Injury  (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:  (01) Argument  (02) Assault on Law Enf Officer  (03) Drug Deal  
 (04) Gangland  (05) Juvenile Gang  (06) Lover's Quarrel  (07) Mercy Killings  
 (08) Other Felony Involved  (09) Other Circumstances  (10) Unknown Circumstances  (20) Criminal Killed by Private Citizen  
 (21) Criminal Killed by Police Officer  (30) Child Playing w/ Weapon  (31) Gun-Cleaning Accident  (32) Hunting Accident  
 (33) Other Negligent Weapon Handling  (34) Other Negligent Killings

CLOTHING DESCRIPTION  
 HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_  
 COAT \_\_\_\_\_ PANTS/DRESS \_\_\_\_\_

Redact Before Release

VICTIM

VICTIM # 3 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR

HOME PHONE: 5019064913 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: [X] (M) Male [ ] (F) Female [ ] (U) Unk. ETHNICITY: [ ] (H) Hispanic [X] (N) Non-Hispanic [ ] (U) Unk. RACE: [ ] (W) White [ ] (B) Black [ ] (I) American Indian [ ] (A) Asian / Pacific Islander [X] (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: [X] (R) Resident [ ] (N) Nonresident [ ] (U) Unknown MENTALLY AFFLICTED?: [ ] (Y) Yes [X] (N) No [ ] (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 16 Range: [ ] (BB) 7-364 Days Old [ ] (NN) Under 24 Hrs. Old [ ] (NB) 1-6 Days Old [ ] (99) Over 98 Years Old [ ] (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse 111 (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? [X] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8

VICTIM TYPE: [X] (I) Individual [ ] (B) Business [ ] (F) Financial Inst. [ ] (U) Unknown [ ] (G) Government [ ] (R) Religious [ ] (S) Society / Public [ ] (O) Other

VICTIM INJURY: [ ] (N) None [ ] (M) Apparent Minor Injury [ ] (B) Apparent Broken Bones [ ] (I) Possible Internal Injury [ ] (T) Loss of Teeth [ ] (L) Severe Laceration [ ] (O) Other Major Injury [ ] (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: [ ] (01) Argument [ ] (02) Assault on Law Enf Officer [ ] (03) Drug Deal [ ] (04) Gangland [ ] (05) Juvenile Gang [ ] (06) Lover's Quarrel [ ] (07) Mercy Killings [ ] (08) Other Felony Involved [ ] (09) Other Circumstances [ ] (10) Unknown Circumstances [ ] (20) Criminal Killed by Private Citizen [ ] (21) Criminal Killed by Police Officer [ ] (30) Child Playing w/ Weapon [ ] (31) Gun-Cleaning Accident [ ] (32) Hunting Accident [ ] (33) Other Negligent Weapon Handling [ ] (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

Redact Before Release

**VICTIM**

<b>VICTIM #</b> 4	<b>NAME (Last, First, Middle) or BUSINESS</b>  <b>SOCIETY</b>		
<b>ADDRESS:</b>  W ST LITTLE ROCK AR			
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC:  NA  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse 111 <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family 1 <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

Redact Before Release

**SUSPECT #1**


<b>SUSPECT #</b> 1	<b>NAME (Last, First, Middle)</b> [REDACTED]		<b>AKA:</b>	
<b>ARRESTEE #</b> 1	<b>ADDRESS:</b> [REDACTED]			
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
<b>SEX:</b> <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		<b>DATE OF BIRTH</b> [REDACTED]
<b>AGE:</b> Exact Age: <u>14</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		<b>SUSPECTS ACTIONS RELATED TO:</b> <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		<b>HEIGHT:</b> Ft <u>5</u> In <u>8</u>
<b>DISPOSITION OF JUVENILE:</b> <input checked="" type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		<b>NIC:</b>  <b>D.L. / ID No. (STATE)</b>		<b>WEAPONS AT ARREST:</b> <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
<b>THIS SUSPECT RELATES TO WHICH OFFENSES?</b> <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<b>ARREST TYPE:</b> <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody		
<b>ARREST LOCATION:</b> 2002 S FILLMORE ST		<b>ARREST DATE:</b> 07/11/2022		
<b>CHARGE:</b> 5-13-301F      5-54-103      99-09				
<b>ARRESTING OFFICERS</b> OFFICER 1: RASHAUD WILLIAM [REDACTED] <input type="checkbox"/> MVR      OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 2: MUHAMMAD YAQEEEN [REDACTED] <input type="checkbox"/> MVR      OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR      OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR      OFFICER 8: _____ <input type="checkbox"/> MVR				

A - automatic

Suspect information continued on next page.

Redact Before Release

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) 	AKA:
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<b>COMPLEXION:</b> <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown  <b>HAIR LENGTH:</b> <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	<b>HAIR STYLE:</b> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown  <b>BUILD:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	<b>HAIR COLOR:</b> <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown  <b>EYE COLOR:</b> <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	<b>FACIAL HAIR:</b> <input checked="" type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<b>DEMEANOR:</b> <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input checked="" type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	<b>SCAR / MARK:</b> <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	<b>TATTOO:</b> <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown  <b>TATTOO LOC:</b> <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

ADDED DESCRIPTION:

n/a

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**OTHER PERSONS - PERSON REPORTING**

<b>OTHER PERSON #</b> 1	<b>NAME (Last, First, Middle)</b> <b>WHITAKER, SHAY</b>						
<b>ADDRESS:</b> 2002 S FILLMORE ST LITTLE ROCK AR							
<b>HOME PHONE:</b> 5019064913		<b>WORK PHONE:</b>		<b>MOBILE PHONE:</b>		<b>OTHER PHONE:</b>	
<b>SEX:</b> <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		<b>DATE OF BIRTH</b> 01/03/1989	
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		<b>OCCUPATION / EMPLOYER:</b>			
<b>AGE:</b> Exact Age: <u>33</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown			<b>NIC:</b>		<b>HEIGHT:</b> Ft _____ In _____		
			<b>D.L. / ID No. (STATE)</b>		<b>WEIGHT:</b> Lbs _____		
<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown		<b>HAIR STYLE:</b> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown		<b>HAIR COLOR:</b> <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown		<b>FACIAL HAIR:</b> <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	
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<b>CLOTHING DESCRIPTION</b>							
HAT _____							
COAT _____							
SHIRT _____							
PANTS/DRESS _____							
SHOES _____							



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PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
0	77	2.00	N/A N/A + N/A 2 TASER CARTIDGES	714801	0.0000		0.00	

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

<b>PROPERTY DESCRIPTION:</b>	(10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money	(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)
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<b>DRUG TYPE:</b>	(D) Heroin (A) Crack Cocaine (B) Cocaine (C) Hashish	(E) Marijuana (F) Morphine (G) Opium	(H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino.	(L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates	(O) Other Depressants (P) Other Drugs (U) Unknown Type
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<b>TYPE DRUG MEASUREMENT:</b>		
Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants	Weight (GM) Gram (KG) Kilogram	(OZ) Ounce (LB) Pound

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
Tools Apparently Used: \_\_\_\_\_

Capacity  
(ML) Milliliter (GL) Gallon  
(LT) Liter (FO) Fluid Ounce

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**NARRATIVE**

OFFICERS RESPONDED TO 2002 S. FILLMORE STREET (METHODIST CHILDRENS HOME) IN REFERENCE TO A DISTURBANCE. OFFICERS WERE ADVISED THAT IN REFERENCE TO INCIDENT NUMBER 2022-081909, J1 (SUSPECT) WHO RAN AWAY HAS RETURNED. UPON ARRIVAL OFFICERS MADE CONTACT WITH STAFF MEMBER, SHAY WHITAKER WHO STATED J1 ENTERED THE BUILDING THROUGH THE WINDOW AND HE IS NOW INSIDE. J1 THEN CAME OUTSIDE BEFORE OFFICERS WERE ABLE TO APPROACH THE DOOR TO ENTER. J1 THEN STATED "YALL NOT TAKING ME", GOT IN TO A FIGHT STANCE WHILE HOLDING SCISSORS IN HIS LEFT HAND AS IF HE WAS GOING TO ATTACK OFFICERS. OFFICERS GAVE J1 SEVERAL COMMANDS TO DROP THE SCISSORS AND HE REFUSED TO COMPLY TO OFFICERS COMMANDS. OFFICERS UN HOLSTERED TASERS AND COMMANDED J1 AGAIN TO DROP THE SCISSORS. OFFICERS THEN DEPLOYED 1 TASER CARTRIDGE AND SUDDENLY AFTERWARDS THE SECOND CARTRIDGE WAS ACCIDENTALLY DEPLOYED. J1 DROPPED TO THE GROUND AND OFFICERS TOLD J1 TO LET GO OFF THE SCISSORS. J1 DROPPED THE SCISSORS, OFFICERS CUFFED J1, AND SAT J1 UP. MEMS UNIT 142 CREW MEMBERS, J IGIESIA, M RODGERS, & S DAWSON RESPONDED AND REMOVED TASER PROBS FROM J1'S BODY. OFFICERS THE SPOKE TO MS. WHITAKER AND SHE ADVISED OFFICERS THAT J1 ALWAYS THREATENED TO KILL TO OTHER KIDS IN THE BUILDING. MS. WHITAKER STATED ONCE J1 ENTERED THE BUILDING THROUGH THE WINDOW SHE HEARD J1 TELL THE KIDS HE WAS GOING TO KILL THEM AND BEAT THEIR ASS. OFFICERS THEN MADE CONTACT WITH J2 (VICTIM 1) WHO STATED J1 CAME THROUGH HIS WINDOW AND HE CLOSED HIS BEDROOM DOOR TO LOCK J1 IN THE ROOM DUE TO THE STAFF SAYING J1 CAN NOT ENTER THE BUILDING. J1 THEN PUSHED THE DOOR OPEN AND CHASED J2 DOWN THE HALLWAY. J2 THEN LOOKED BACK AND OBSERVED J1 HAD SCISSOR IN HIS HAND. OFFICERS THEN MADE CONTACT WITH J2 (VICTIM 2) AND J3 (VICTIM 3) WHO STATED J1 ALSO THREATEN TO STAB THEM WITH THE SCISSORS ALSO. OFFICERS CALL JUVENILE INTAKE AND SPOKE TO OFFICER ROGER RASICO WHO INFORMED OFFICERS THAT J1 WILL BE ADMITTED IN TO THE JUVENILE DETENTION CENTER. OFFICERS THEN TRANSPORTED J1 TO THE 12TH STREET DETECTIVE OFFICE WHERE J1 WAS CHARGED WITH TERRORISTIC THREATENING 1ST DEGREE. OFFICERS THEN TRANSPORTED J1 TO THE JUVENILE DETENTION CENTER. NO FURTHER POLICE ACTION WAS TAKEN AND BWC/MVR WAS IN USE.

JUVENILE INFORMATION

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ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

HATE/BIAS RELATIONSHIP:  (88) None  YES, SEE BELOW

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual